

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107521039

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4	2					
5	2					
6	2					
7	2					
8	6					
9	6					
10	6					
11	6					
12	6					
13	6					
14	1					
15	1					
16		1				
17		1				
18		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		3			
TOTAL DEP.	18	←	18	←		←
TOTAL CLAIMS	21		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						